

Case Number:	CM15-0182473		
Date Assigned:	09/23/2015	Date of Injury:	05/03/1994
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old female sustained an industrial injury on 5-3-94. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder internal derangement, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome and bilateral 3rd trigger fingers. Recent treatment consisted of medication management. In PR-2's dated 4-14-15, 6-12-15 and 7- 10-15, the injured worker was requesting refills of medications due to an acute flare up of upper extremity pain. Physical exam was remarkable for tenderness to palpation to bilateral shoulder girdles with "decreased" range of motion bilaterally and ongoing triggering to the 3rd fingers of both hands. The treatment plan included continuing medications (Naproxen Sodium, Ambien and Norco). In a Pr-2 dated 8-7-15, the injured worker was requesting medication refills due to an acute flare up of shoulder and hand pain. Physical exam was remarkable for was unchanged. The physician noted that medications provided an increase in activities of daily living. The treatment plan included requesting authorization for Naproxen Sodium, Ambien and Norco. On 8-18-15, Utilization Review noncertified a request for Norco 10-325mg #60 and Ambien 10 mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has a flare up of upper extremity pain. Physical exam was remarkable for tenderness to palpation to bilateral shoulder girdles with "decreased" range of motion bilaterally and ongoing triggering to the 3rd fingers of both hands. The treatment plan included continuing medications (Naproxen Sodium, Ambien and Norco). In a Pr-2 dated 8-7-15, the injured worker was requesting medication refills due to an acute flare up of shoulder and hand pain. Physical exam was remarkable for was unchanged. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.

Ambien 10mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): Ambien (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Medications.

Decision rationale: The requested Ambien 10mg #30 with one refill, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has a flare up of upper extremity pain. Physical exam was remarkable for tenderness to palpation to bilateral shoulder girdles with "decreased" range of motion bilaterally and ongoing triggering to the 3rd fingers of both hands. The treatment plan included continuing medications (Naproxen Sodium, Ambien and Norco). In a Pr-2 dated 8-7-15, the injured worker was requesting medication refills due to an acute flare up of shoulder and hand pain. Physical exam was remarkable for was unchanged. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 with one refill is not medically necessary.